

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 2
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Senate Conservatives Action		FEC IDENTIFICATION NUMBER ▼ C C00524181	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y 06 / 24 / 2016	

Full Name of Payee Jamestown Associates			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 06 / 23 / 2016		
Mailing Address 5 Mapleton Rd Ste 300			Amount 57417.05		
City Princeton	State NJ	Zip Code 08540-9646	Transaction ID : E027DB7884FF44F8C8AE		
Purpose of Expenditure IE-Glenn-Media Buy		Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 06 / 23 / 2016		
Name of Federal Candidate Darryl Glenn		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: CO		
Calendar Year-To-Date Per Election for Office Sought		593178.72	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Jamestown Associates			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 06 / 23 / 2016		
Mailing Address 5 Mapleton Rd Ste 300			Amount 15534.00		
City Princeton	State NJ	Zip Code 08540-9646	Transaction ID : E595476781D9345A784E		
Purpose of Expenditure IE-Glenn-Direct Mail Production		Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 06 / 22 / 2016		
Name of Federal Candidate Darryl Glenn		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: CO		
Calendar Year-To-Date Per Election for Office Sought		593178.72	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	72951.05
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Paul Kilgore

[Electronically Filed]

Date

 M M M / D D D / Y Y Y Y Y Y
 07 / 07 / 2016

Signature

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(Schedule E)PAGE 2 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Senate Conservatives Action		FEC IDENTIFICATION NUMBER ▼ C C00524181	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on		<div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 06 / 24 / 2016</div> </div>	

Full Name of Payee Thomas Graphics Inc		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 23 / 2016	
Mailing Address 9501 NIH 35		Amount 12780.47	
City Austin	State TX	Zip Code 78753-3804	Transaction ID : E46388B4BFA4942D5B46 Date of Disbursement or Obligation MM / DD / YYYY 06 / 22 / 2016
Purpose of Expenditure IE-Glenn-Postage		Category/ Type	
Name of Federal Candidate Darryl Glenn		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: CO
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
		593178.72	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure		Category/ Type	
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	12780.47
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	85731.52

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Paul Kilgore

[Electronically Filed]

Date

MM / DD / YYYY
07 / 07 / 2016

Signature